DOCUMENT RESUME

ED 216 257 CG 015 871

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TITLE Clinicians' Perceptions of the Impact of Incest on Disturbance and Prognosis.
PUB DATE Apr 81
NOTE 9p.; Paper presented at the Annual Meeting of the Western Psychological Association (61st, Los Angeles, CA, April 9-12, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Attribution Theory; Background; Counseling Effectiveness; *Counselor Attitudes; *Counselor Client Relationship; *Emotional Disturbances; Expectation; Family Characteristics; *Family Problems; Participant Characteristics; Psychotherapy; *Therapists
IDENTIFIERS *Incest

ABSTRACT

Incest is an issue that generates strong emotional reactions in psychotherapists as well as laypeople. Clinicians may not be immune to the tendancy to overreact by predicting poor outcomes for incest victims or by denying its importance altogether. To assess the effect of incest on the evaluations of female clients by therapists, 124 clinicians analyzed eight client histories. No significant differences occurred between the incest and no-incest conditions on ratings of the hypothetical clients' level of disturbance or prognosis. Both groups tended to be rated as somewhat disturbed with a fair prognosis. However, therapists were significantly less willing to work with an incest-history client. The results indicate that psychotherapists attribute great causal significance to incest in the etiology of psychological disturbance. (JAC)

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Clinicians' Perceptions of the Impact of Incest on Disturbance and Prognosis

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CG 015871

Paper presented at the meeting of the Western Psychological Association, Los Angeles, April, 1981.

Clinicians' Perceptions of the Impact of
Incest on Disturbance and Prognosis

Incest is a powerful concept that generates strong emotional reactions in both laypeople and psychotherapists. Despite their careful training, clinicians are probably not immune to the tendency to overreact to incest either by predicting poor outcomes for the incest victims or by denying its importance altogether--examples of both of these tendencies can be gleened from the case history literature on incest.

We wanted to assess the effects of the presence of incest in the case histories of female clients on their evaluations by therapists. Based on our impressions of the power of the concept, we hypothesized that its presence as a background factor would cause therapists to judge a client to be more disturbed and to have a less favorable prognosis than an identical client with no incest history. In addition, we predicted that clinicians would have a strong tendency to attribute whatever degree of psychological disturbance was perceived in the client to incest whenever it was present in a case history.

Questionnaire design. Four client histories were used in two conditions: Incest and no-incest. An incest history condition mentioned incest as a background factor and the

no-incest history condition excluded this passage. Thus, there was a total of eight different client histories. A questionnaire was designed for presentation to mental health professionals, which collected background information on the respondent. It also presented one of the client histories (incest or no-incest condition), and asked the respondent to rate the hypothetical client on: level of disturbance, prognosis, willingness of the therapist to work with this client, and the importance of various background factors in contributing to the client's present disturbance. The eleven background factors were:

1. Biological factors of the client (i.e.,mental retardation, physical handicaps)
2. Infantilization of the client by the family
3. Extreme sibling rivalry
4. Sexual molestation by the father
5. Marital problems between the parents
6. Father absent from the home
7. Mother absent from the home
8. Job instability of the father
9. Job instability of the mother
10. Father has mental problems
11. Mother has mental problems

The response format of the 11 background factor items was a five-point rating scale, 1 being not important and 5 being crucial. If a background factor did not apply to a particular case history, the respondent was asked to circle the "not applicable" option.

Participants. Agencies in the greater Los Angeles area which provide mental health services were requested to participate in a research project on patterns of client assessment. Seven agencies volunteered their staff as subjects. Since people who had specific knowledge of the research were asked not to participate, we assume that participants did not know that incest was the major variable of interest. Questionnaires were randomly assigned to the 124 participants. There was a total of 63 incest condition questionnnaires and 61 no-incest condition questionnaires returned.

Our typical respondent was a female with an MSW. She has been a practicing therapist for about 8 years and considers herself "eclectic" in clinical orientation.

Results and discussion. Preliminary data analysis has shown our first hypothesis was not confirmed. There were no significant differences between the incest and no-incest conditions on the ratings of both the hypothetical client's level of disturbance and her prognosis. In general, for both groups the client was rated as somewhat disturbed with a fair prognosis. However, there was a significant difference between conditions on the therapists' willingness to work with the client ($t=2.35$, $p<.05$), with therapists being less willing to work with the incest history client. We might speculate that the presence of incest caused the client to be seen as difficult in some way that was not

reflected in her prognosis or that the therapist did not feel comfortable working with an incest victim.

Table 1 shows the perceived importance of each background factor's contribution to the client's present disturbance. Our second hypothesis was confirmed--when incest was present, it was judged to be a crucial cause of the client's disturbance. One would expect there to be a significant difference between the incest and no-incest conditions in the rating of incest as a contributory factor. This background factor should have been marked "not applicable" by everyone receiving the no-incest condition. However, one third of the respondents in this condition rated the background factor of incest--and rated it as quite crucial. This attests to the saliency and perceived severity of the occurrence of incest.

You will note that there were no significant differences between the incest and no-incest conditions in the importance of biological factors of the client, the father or the mother being absent from the home, the job instability of the father, or the mother having mental problems in contributing to the present level of disturbance in the client.

Some unpredicted significant differences between the two conditions did emerge. Infantilization of the client by the family, marital problems between the parents, and job instability of the mother were all rated as more

important in contributing to the disturbance of the no-incest condition client. More importance was ascribed to the father having mental problems in the incest condition. We would guess that this factor is seen as causal to incest and that the assumption of psychological disturbance in the father is strong indeed.

In general, it is also interesting to note that the relative rankings of the 11 background factors change when incest has occurred. For the incest group, the rank ordering of the background factors, from the most important to the least important is:

1. Sexual molestation by the father
2. Marital problems between the parents
3. Mother absent from the home
4. Mother has mental problems
5. Father has mental problems
6. Father absent from the home
7. Infantilization of the client by the family
8. Job instability of the father
9. Biological factors of the client
10. Extreme sibling rivalry
11. Job instability of the mother

For the no-incest group, the rank ordering of the background factors , from most critical to least important is:

1. Marital problems between the parents
2. Sexual molestation by the father
3. Infantilization of the client by the family
4. Mother has mental problems
5. Mother absent from the home
6. Father absent from the home
7. Father has mental problems
8. Job instability of the mother
9. Job instability of the father
10. Exteme sibling rivalry
11. Biological factors of the client

More complex data analyses may allow us to better describe the cluster of background factors related to incest.

As a result of this survey, we can conclude that psychotherapists attribute great causal significance to incest in the etiology of psychological disturbance. How valid these attributions may be and their sources will be subjects for future investigations.

Table 1

Mean Ratings of Background Factors for Incest and No-Incest Groups

Background Factors	Incest Group[a]	No-Incest Group[a]	t[b]
Biological factors of client	2.80 (1.31)	2.98 (1.18)	-
Infantilization of client by family	3.58 (1.46)	4.24 (.79)	2.42*** (69)
Extreme sibling rivalry	2.64 (1.16)	3.11 (.99)	1.74** (63)
Sexual molestation by father	4.81 (.50)	4.29 (.92)	3.08*** (78)
Marital problems between parents	4.17 (.98)	4.41 (.67)	1.52* (120)
Father absent from home	3.68 (1.67)	3.90 (.84)	-
Mother absent from home	3.96 (1.03)	4.00 (.97)	-
Job instability of father	3.14 (1.24)	3.14 (.76)	-
Job instability of mother	2.56 (1.00)	3.38 (.89)	2.65*** (39)
Father has mental problems	3.79 (.82)	3.48 (1.06)	1.48* (80)
Mother has mental problems	3.94 (.95)	4.12 (.85)	-

a Stardard deviations are presented in parentheses
b Degrees of freedom are presented in parentheses
* $p < .1$
** $p < .05$
*** $p < .01$